

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/831596

FILING DATE

APPLICANT(S)

BEST
AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	8		/			
5	0		/			
6	0		/			
7	0		/			
8	1		/			
9	1		/			
10	2		/			
11	8		/			
12	0		/			
13	8		/			
14	8		/			
15					1	
16					/	
17					/	
18					/	
19					/	
20					/	
21					/	
22					1	
23					/	
24					/	
25					/	
26					/	
27					1	
28					/	
29					/	
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31					/	
32					/	
33					1	
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37					1	
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40					1	
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42					1	
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46					/	
47					/	
48					/	
49					/	
50					/	
TOTAL IND.	2		2		10	
TOTAL DEP.	14	↔	12	↔	20	↔
TOTAL CLAIMS	16		17		23	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS